

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: August 5, 2025

Inspection Number: 2025-1142-0003

Inspection Type:

Critical Incident

Licensee: 2063412 Ontario Limited as General Partner of 2063412 Investment LP

Long Term Care Home and City: Creedan Valley Community, Creemore

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 28 - August 1, and August 5 2025.

The following intakes were inspected:

- Intake #00148432 - CI #2633-000006-25 and Intake #00152252 - CI #2633-000011-25: Falls prevention and management.
- Intake #00150662 - CI #2633-000007-25: Infection prevention and control.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of care.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's plan of care was revised when post-fall huddles identified the resident's care needs had changed. On three separate dates, post-fall assessments identified new strategies related to a resident's falls prevention and management. These were not updated in the resident's care plan.

Sources: Interviews, Falls Policy, Resident's Post Fall Assessments.

WRITTEN NOTIFICATION: Infection prevention and control.

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Standard issued by the Director related to

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the Infection Prevention and Control (IPAC) was implemented.

According to O.Reg. 246/22 s.102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director related to IPAC.

The IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 10.4 h) indicated the hand hygiene program includes support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting.

On July 28 2025 and July 29 2025 not all residents were supported to perform hand hygiene prior to meal service.

Sources: Meal service observations, Interviews.